

Greenlake Primary Care Financial Policy

Greenlake Place PC PS Inc. participates with a wide variety of insurance plans including: Aetna, Cigna, DSHS (**open coupon only**), First Choice, Labor & Industry, Medicare, Molina (**to age 20 only**), Premera, Regence, Tri Care, Uniform, United Healthcare, and others.

Know your insurance plan. Before your visit, or if you change insurance companies, call the toll free number on the back of your insurance card. For DSHS, contact your caseworker or call 1-800-562-3022.

Ask your insurance representative if the practitioner you wish to see is a provider covered on your plan. Then please designate us as your primary provider, if necessary.

You may also ask whether you need a written referral to specialists, how often this needs to be renewed, and your coverage and benefit limits.

Then:

- Bring your DSHS insurance coupon and/or insurance cards to every visit.
- Tell us if your insurance has changed.
- Pay your co-pay at the time of your visit.

Greenlake Place PC PS Inc. will submit your bill to your insurance company for you.

If you do not have medical insurance, it is your responsibility to make full payment at the time of your visit for the services given. If there is financial hardship, please tell us.

Please note:

- For your convenience we accept both Visa and Master Card.
- Checks returned for insufficient funds will result in an immediate charge of \$35.00 against your account.
- There may be a minimum charge of \$50.00 for not canceling your appointment 24 hours in advance.
- If payment at the time of service is a hardship, a special payment plan can be arranged. These plans generally do not span more than three months.
- Questions about your account can be answered by Jennie at our billing office (206-528-2661).

Financial Responsibility, Release of Insurance Benefits, Release of Health Information to Insurer:

I authorize Greenlake Place PC PS Inc. to request and directly collect, on my behalf, all public and private insurance coverage benefits due for products and services provided by Greenlake Place PC PS Inc.

I authorize Greenlake Place PC PS Inc., to release any health care information necessary to facilitate the processing of claims and audit of payments, for the services provided to me or my child by Greenlake Place PC PS Inc. The authorization is in effect until rescinded in writing.

If insurance benefits are paid directly to me, I will endorse these checks for such payments to Greenlake Place PC PS Inc.

I am financially responsible for any co-payments, deductibles, balances due, and charges for services not covered by my insurance plan.

I have read and understand this policy. A copy will be kept in my chart and a copy may be furnished to me at my request.

Print patient name _____ Date of Birth _____

Signed: _____ Date: _____

(Last update 05/8/2008)